

Page 1 of 5

Emp #: [REDACTED]

Emp #: [REDACTED]

Emp #: [REDACTED]

Emp #: [REDACTED] Date Signed: 5/23/07

Original: Unit Commander
Copy: P.S.T.D. Headquarters,
Employee

See Reverse

Supervisor's Report on Use of Force

Page 2 of 5

Method

URN:

507-06376-0533-145

- (AW) Arwen
- (BC) Baton: (Control)
- (BI) Baton: (Impact)
- (BF) Bodily Fluids
- (CN) Canine
- (CR) Carotid Restraint
- (CH) Choke Hold
- (CT) Control Holds: (Control Techniques)
- (TT) Control Holds: (Team Takedown)
- (TD) Control Holds: (Takedown)
- (CE) Chemical
- (OC) Chemical Agents (OC Spray)
- (TG) Chemical Agents (Tear Gas)
- (EX) Explosives

- (FH) Firearm (Handgun)
- (FR) Firearm (Rifle)
- (FS) Firearm (Shotgun)
- (FO) Firearm (Other)
- (FB) Flashbang
- (FL) Flashlight
- (OE) Other Weapon: Edged
- (OV) Other Weapon: Vehicle
- (OB) Other Weapon: Blunt Object
- (OO) Other Weapon: Other
- (PK) Personal Weapon: Feet/Leg: (Kick)
- (PS) Personal Weapon: Feet/Leg: (Sweep)
- (PH) Personal Weapon (Hand/Arm)
- (PP) Personal Weapon (Push)

- (PO) Personal Weapon (Other)
- (RS) Resistance
- (CN) Restraint Device (Capture Net)
- (RH) Restraint Device (Handcuffs)
- (HB) Restraint Device: Hobble (Legs Only)
- (TP) Restraint Device: Hobble (TARP)
- (RE) Restraint Device: REACT Belt
- (SP) Sap
- (SH) Shield
- (SG) 37mm Stinger
- (SB) Sting Ball
- (ST) Stun Bag
- (TR) Taser
- (UC) Uncooperative

Type of Injury

(AB) Abrasion	(DB) Dog Bite	(PA) Paralysis
(BR) Bruise	(FR) Fractures	(PW) Puncture Wound
(BU) Burn	(GS) Gunshot	(SD) Soft Tissue Damage
(CP) Complaint of Pain	(HB) Human Bite	(ST) Sprain/Twists
(CO) Concussion	(LC) Lacerations	(UN) Unconscious
(DH) Death	(ND) Nerve Damage	(RM) Refused Med Treatment
(DI) Dislocation	(OD) Organ Damage	(NN) NONE

Body Part Injured

(AD) Abdomen	(FA) Face	(HI) Hip
(AK) Ankle	(FE) Feet	(IN) Internal
(AR) Arm	(FI) Fingers	(KN) Knees
(BK) Back	(GE) Genitals	(LE) Leg
(BT) Buttocks	(GR) Groin	(NK) Neck
(CH) Chest	(HD) Hands	(NO) Nose
(EL) Elbow	(HE) Head	(SH) Shoulder
		(WR) Wrist

FORCE APPLIED

(Only One Code Per Block)

[illegible]

Supervisor's Report on Use of Force INVOLVED EMPLOYEE INFORMATION

URN: 507-06376-0533-145

Page 3 of 5

Involved Employee

E1	Employee #	Last Name Fernandez	First Name Max	Middle Name O.
	Sex: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	Race: H	Unit of Assignment: East Los Angeles Patrol	
	Work Assignment (Unit #, Module, etc.): 28			
	Shift: <input type="checkbox"/> EM <input checked="" type="checkbox"/> Day <input type="checkbox"/> PM	<input type="checkbox"/> Regular Shift <input checked="" type="checkbox"/> OT Shift <input type="checkbox"/> Off Duty	Age: 31	Height: 5'08"
			Weight: 205	
	Medical Exam/Treatment <input checked="" type="checkbox"/> If Admitted, Name of Hospital:		Coroner Case #	Directed Force <input type="checkbox"/> Significant Force <input checked="" type="checkbox"/>
E	Employee #	Last Name	First Name	Middle Name
	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Race:	Unit of Assignment:	
	Work Assignment (Unit #, Module, etc.):			
	Shift: <input type="checkbox"/> EM <input type="checkbox"/> Day <input type="checkbox"/> PM	<input type="checkbox"/> Regular Shift <input type="checkbox"/> OT Shift <input type="checkbox"/> Off Duty	Age:	Height:
			Weight:	
	Medical Exam/Treatment <input type="checkbox"/> If Admitted, Name of Hospital:		Coroner Case#	Directed Force <input type="checkbox"/> Significant Force <input type="checkbox"/>
E	Employee #	Last Name	First Name	Middle Name
	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Race:	Unit of Assignment:	
	Work Assignment (Unit #, Module, etc.):			
	Shift: <input type="checkbox"/> EM <input type="checkbox"/> Day <input type="checkbox"/> PM	<input type="checkbox"/> Regular Shift <input type="checkbox"/> OT Shift <input type="checkbox"/> Off Duty	Age:	Height:
			Weight:	
	Medical Exam/Treatment <input type="checkbox"/> If Admitted, Name of Hospital:		Coroner Case#	Directed Force <input type="checkbox"/> Significant Force <input type="checkbox"/>
E	Employee #	Last Name	First Name	Middle Name
	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Race:	Unit of Assignment:	
	Work Assignment (Unit #, Module, etc.):			
	Shift: <input type="checkbox"/> EM <input type="checkbox"/> Day <input type="checkbox"/> PM	<input type="checkbox"/> Regular Shift <input type="checkbox"/> OT Shift <input type="checkbox"/> Off Duty	Age:	Height:
			Weight:	
	Medical Exam/Treatment <input type="checkbox"/> If Admitted, Name of Hospital:		Coroner Case#	Directed Force <input type="checkbox"/> Significant Force <input type="checkbox"/>
E	Employee #	Last Name	First Name	Middle Name
	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Race:	Unit of Assignment:	
	Work Assignment (Unit #, Module, etc.):			
	Shift: <input type="checkbox"/> EM <input type="checkbox"/> Day <input type="checkbox"/> PM	<input type="checkbox"/> Regular Shift <input type="checkbox"/> OT Shift <input type="checkbox"/> Off Duty	Age:	Height:
			Weight:	
	Medical Exam/Treatment <input type="checkbox"/> If Admitted, Name of Hospital:		Coroner Case#	Directed Force <input type="checkbox"/> Significant Force <input type="checkbox"/>
E	Employee #	Last Name	First Name	Middle Name
	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Race:	Unit of Assignment:	
	Work Assignment (Unit #, Module, etc.):			
	Shift: <input type="checkbox"/> EM <input type="checkbox"/> Day <input type="checkbox"/> PM	<input type="checkbox"/> Regular Shift <input type="checkbox"/> OT Shift <input type="checkbox"/> Off Duty	Age:	Height:
			Weight:	
	Medical Exam/Treatment <input type="checkbox"/> If Admitted, Name of Hospital:		Coroner Case#	Directed Force <input type="checkbox"/> Significant Force <input type="checkbox"/>

Supervisor's Report on Use of Force SUSPECT INFORMATION

Page 4 of 5

URN: 507-06376-0533-145

Suspect Information

S1	Last Name	Chow	First Name	Manhow	Middle Name	Alex
	AKA Last Name		First Name		Middle Name	
	Sex:	Race:	Street Address:	City:	State & Zip Code:	
	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	O.				
	Work Phone:	Home Phone:	Age:	Height:	D.O.B.	Weight:
	U/E		49	507	02-26-58	140
	Armed?					
	<input type="checkbox"/>					
	Booking #:	9773886	Primary Charge:	69 P.C.	Secondary Charge:	242 P.C.
	Criminal History	<input type="checkbox"/>				
	Hospital Admission?	<input type="checkbox"/>	Rec'd Treatment At:	East L.A. Doctors Hospital	Coroner Case#:	Mental History
	<input type="checkbox"/>	<input type="checkbox"/>				
	Under Influence:				VIDEO Photos of Suspect's Injuries <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	Substance:				

Suspect Interview

Date:	Time:	Audiotape:	Videotape:
04-27-07	0900	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Suspect Information

S	Last Name	First Name	Middle Name
	AKA Last Name	First Name	Middle Name
	Sex:	Race:	Street Address:
	<input type="checkbox"/> Male <input type="checkbox"/> Female		
	City:	State & Zip Code:	
	Work Phone:	Home Phone:	Age:
			Height:
		D.O.B.	Weight:
			Armed?
			<input type="checkbox"/>
	Booking #:	Primary Charge:	Secondary Charge:
			Criminal History
	<input type="checkbox"/>	<input type="checkbox"/>	
	Hospital Admission?	Rec'd Treatment At:	Coroner Case#:
	<input type="checkbox"/>		Mental History
	<input type="checkbox"/>	<input type="checkbox"/>	
	Under Influence:	Photos of Suspect's Injuries	
	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	
	Substance:		

Suspect Interview

Date:	Time:	Audiotape:	Videotape:
		<input type="checkbox"/>	<input type="checkbox"/>

Suspect Information

S	Last Name	First Name	Middle Name
	AKA Last Name	First Name	Middle Name
	Sex:	Race:	Street Address:
	<input type="checkbox"/> Male <input type="checkbox"/> Female		
	City:	State & Zip Code:	
	Work Phone:	Home Phone:	Age:
			Height:
		D.O.B.	Weight:
			Armed?
			<input type="checkbox"/>
	Booking #:	Primary Charge:	Secondary Charge:
			Criminal History
	<input type="checkbox"/>	<input type="checkbox"/>	
	Hospital Admission?	Rec'd Treatment At:	Coroner Case#:
	<input type="checkbox"/>		Mental History
	<input type="checkbox"/>	<input type="checkbox"/>	
	Under Influence:	Photos of Suspect's Injuries	
	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	
	Substance:		

Suspect Interview

Date:	Time:	Audiotape:	Videotape:
		<input type="checkbox"/>	<input type="checkbox"/>

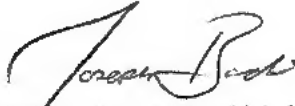
URN: 507-06376-0533-145

Non-Employee Witnesses (Continuation)

[illegible]

COUNTY OF LOS ANGELES
SHERIFF'S DEPARTMENT
"A Tradition of Service"
OFFICE CORRESPONDENCE

DATE: May 9, 2007
FILE NO. 507-06376-0533-145



FROM: JOSEPH A. BADALI, LIEUTENANT
EAST LOS ANGELES STATION


TO: MARILYN E. BAKER, CAPTAIN
EAST LOS ANGELES STATION

SUBJECT: **SIGNIFICANT USE OF FORCE REVIEW**

I have reviewed the attached Force package, associated documentation and videotape prepared by Sergeant Ruiz.

Based on my review of the incident, the force used by Deputy Fernandez was permissible according to the Situational Use of Force Options Chart. The use of personal weapons and a takedown were used to overcome Suspect Chow's uncooperative, resistive and assaultive behavior.

The use of force was minimal, within policy, and based on Departmental Force Training, and Tactics. I concur with Sergeant Ruiz' finding and recommend no further action to be taken.



5/23/07
concur
w/ findings!

JAB:jab

COUNTY OF LOS ANGELES
SHERIFF'S DEPARTMENT

OFFICE CORRESPONDENCE

DATE May 9, 2007
FILE NO. 507-06376-0533-145

FROM: STEVEN RUIZ, SERGEANT TO: MARILYN E. BAKER, CAPTAIN
EAST LOS ANGELES STATION EAST LOS ANGELES STATION

SUBJECT: **SIGNIFICANT USE OF FORCE - PERSONAL WEAPONS (FIST), TAKE DOWN**

DATE / TIME: April 27, 2007 / 0810 HRS

LOCATION: 2673 S. San Gabriel Bl.
Rosemead, CA 91773

DEPUTY: Max Fernandez 

DEPUTY INJURIES: Laceration to right eyebrow
Abrasions to right knuckles

CIVILIAN WITNESSES:



SUSPECT:Manhow Alex Chow MO / 02-26-58
[REDACTED]
[REDACTED]
Booking #9773886**SUSPECT INJURIES:**Abrasion to left side of face, cheek area.
Fractured left cheek bone and large toe**MEDICAL TREATMENT:**East Los Angeles Doctor's Hospital
4660 E. Whittier Boulevard
Los Angeles, CA 90022
Doctor Khilfeh, Yas**SYNOPSIS:**

Deputy Fernandez was driving south on San Gabriel Bl., In the City of Rosemead in his marked radio car when he was flagged down by a distraught female Asian (W/ [REDACTED]) Upon Contact with Witness [REDACTED] she requested his help and explained that she was a victim of misdemeanor battery as a result of an escalated business dispute. Witness [REDACTED] then identified the suspect by pointing him out. Deputy Fernandez contacted the suspect in an attempt to resolve the disturbance.

While investigating the incident, The Suspect (Chow, Manhow A.) was uncooperative and resistive to Deputy Fernandez' authority. The Suspect was placed in a control hold but managed to throw his head back striking Deputy Fernandez above the right eye below his eyebrow. The Suspect then turned and a personal weapons assault occurred. Deputy Fernandez countered with his defensive tactics training and was able to subdue the suspect and take him into custody.

At the onset of the assault, Deputy Fernandez was able to request assistance via his handheld radio. This broadcast prompted an emergent response from both East Los Angeles and Temple Station personnel.

Deputy Fernandez was on his way back from [REDACTED] and on his way back to his routine duties as field unit 28/D.

OBSERVATIONS:

Upon my arrival, I observed Subject Chow seated in the rear driver's side of field unit 53T1 Deputy Robert Hill's [REDACTED] vehicle. The Suspect was screaming but his words were unintelligible. I then checked on Deputy Fernandez' welfare and he had complained of pain to both his forehead and right hand. Deputy Fernandez declined emergency treatment but was later seen and treated for his injuries at Los Angeles County Medical Provider, U.S. Health Works. See Employee injury report 507-06385-0533-502.

DEPUTIES STATEMENTS / REPORTED FORCE:

Deputy Fernandez gave me an oral report of the above incident. Deputy Fernandez then wrote a supplemental report documenting the above. I later reviewed his report and found it to be consistent with what he reported to me in the field. I was then contacted by Temple Station Deputy Hill who told me he was the first unit to arrive and that the suspect had already been handcuffed and was cooperative upon his arrival.

WITNESS STATEMENT:

I spoke to Witness [REDACTED] who told me that she organizes tour bus rides from the above location to San Manuel Casino and the suspect had been barred last week for inappropriate behavior. Witness [REDACTED] said that the suspect attempted to return to the Casino via her bus and the incident started. Witness [REDACTED] said she saw the suspect was uncooperative with Deputy Fernandez and saw the suspect fighting with him. She could not be very descriptive to the events but she was able to identify Suspect Chow as the aggressor.

Witness [REDACTED] also described the events as above and said that the suspect had assaulted the deputy. The primary language of these witnesses is Chinese.

Witness [REDACTED] said [REDACTED] when an unknown female had knocked on the door of the station. The female told him that there was a deputy involved in a fight across the street. Witness [REDACTED] said he looked across the street and he could see Deputy Fernandez struggling with the suspect. Witness [REDACTED] then ran across the street to assist Deputy Fernandez but the incident was over upon his arrival. Witness [REDACTED] then assessed both the suspect and deputy for medical distress and gave them both first aid. I asked witness [REDACTED] if the person that had witnessed the incident and notified him was still in the area or if he knew her. He replied, "No."

SUBJECT STATEMENT:

I interviewed Subject Chow and he admitted to hitting the deputy because he felt he had the right to resist the contact with the deputy. Suspect Chow said that upon contact with Deputy Fernandez, he was asked if he had any weapons and he replied that he did not. Suspect Chow said that he told the deputy that he did not have any weapons so he felt the deputy had no right to "pat" him down or touch him. The Suspect then admitted to striking Deputy Fernandez and pulling the badge off of his uniform. The Suspect said that he struck Deputy Fernandez to protect his human rights.

Subject Chow complained of pain to his cheek and foot. Suspect Chow was transported to East Los Angeles Doctors Hospital and given an O.K. to book per Doctor Y. Khilfeh. At East Los Angeles Doctors Hospital Suspect Chow's injuries and Toe Fracture were found to be consistent with the incident as described.

LEGAL STANDING / TACTICS:

The initial contact and detention of Suspect Chow were lawful and within Department Policy. Deputy Fernandez had the right to protect himself with a cursory pat down search for officer safety. Deputy Fernandez utilized the force options and subsequent force reporting. The actions taken and force used by Deputy Fernandez was also objectively reasonable. Subject Chow's actions and assault dictated the defensive response from Deputy Fernandez.

A review of the radio log and Deputy Daily Worksheet indicates that Deputy Fernandez did not put himself out for investigation with his location prior to the initial flag down. I discussed the incident with Deputy Fernandez in-depth and he understands the importance of this officer safety issue.

OPINION / RECOMMENDATION:

Based on the statements of the Witnesses, The Suspect, and Deputy Fernandez, it is apparent that the force used in this incident was reasonable and necessary to overcome Suspect Chow's actions and assault. Due to the lesson learned of the value on the Code-6 protocols, I began a station re-briefing to all field crews of the importance of utilizing proven safety procedures.

ATTACHMENTS

Supervisor's Report, Use of Force, SH-R 438
Incident Report, SH-R 49
Supplemental Reports, SH-R-77
Medical Forms
IAB Notification Form
8mm Video Tape File 507-06376-0533-145

SCR:scr